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WA - Submission Package - WA2021MS0002O - (WA-21-0022) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	WA2021MS0002O	Submission Type	Official
Program Name	N/A	State	WA
SPA ID	WA-21-0022	Region	Seattle, WA
Version Number	5	Package Status	Approved
Submitted By	Ann Myers	Submission Date	8/12/2021
Package Disposition		Approval Date	10/29/2021 4:24 PM EDT
Priority Code	P2		
Lead Division	DMEP		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

October 29, 2021

Susan Birch
Health Care Authority Director
Health Care Authority
PO Box 45502
Olympia, WA 98504

Re: Approval of State Plan Amendment WA-21-0022

Dear Ms. Birch,

On August 12, 2021, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-21-0022 to remove information related to a "Reasonable Eligibility Period" eligibility pilot that the state implemented from July 1, 2018, through June 30, 2019. SPA 21-0022 will remove the pilot information from the Medicaid State Plan.

We approve Washington State Plan Amendment (SPA) WA-21-0022 with an effective date(s) of July 01, 2021.

If you have any questions regarding this amendment, please contact Nikki Lemmon at nicole.lemmon@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00020 | WA-21-0022

Package Header

Package ID	WA2021MS00020	SPA ID	WA-21-0022
Submission Type	Official	Initial Submission Date	8/12/2021
Approval Date	10/29/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Washington

Medicaid Agency Name: Health Care Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

Package Header

Package ID WA2021MS0002O	SPA ID WA-21-0022
Submission Type Official	Initial Submission Date 8/12/2021
Approval Date 10/29/2021	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID WA-21-0022

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Citizenship and Non-Citizen Eligibility	7/1/2021	WA-18-0031

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

Package Header

Package ID	WA2021MS0002O	SPA ID	WA-21-0022
Submission Type	Official	Initial Submission Date	8/12/2021
Approval Date	10/29/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives We are removing language regarding the ROP pilot that took place 07/01/2018 - 06/30/2019. We are adding two additional immigrant statutes that are not to be considered lawfully present in section C, item 4k.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

Federal Statute / Regulation Citation

Statute: 1902(a)(46)(B); 1902(v)(2), (3) and (4) Regulations: 42 CFR 435.4; 435.406; 435.407; 435.956 SHO # 10-006, SHO # 09-016, SHO # 12-002

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

Package Header

Package ID WA2021MS0002O
Submission Type Official
Approval Date 10/29/2021
Superseded SPA ID N/A

SPA ID WA-21-0022
Initial Submission Date 8/12/2021
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Exempt

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Jun 3, 2021

Website URL: <https://www.hca.wa.gov/about-hca/news-data-and-reports-hca/public-notices>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
21-0022 Eligibility Updates Public Notice WSR 21-13-004	7/22/2021 1:13 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
6/7/2021	Email and hard copy letter.

All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
6/7/2021	Email and hard copy letter.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
6/7/2021	Email and hard copy letter.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
21-0022 Eligibility Updates Tribal Letter	7/22/2021 1:27 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility

- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00020 | WA-21-0022

Package Header

Package ID	WA2021MS00020	SPA ID	WA-21-0022
Submission Type	Official	Initial Submission Date	8/12/2021
Approval Date	10/29/2021	Effective Date	7/1/2021
Superseded SPA ID	WA-18-0031		
	User-Entered		

The state provides Medicaid to citizens and nationals of the United States and certain non-citizens who meet all other Medicaid eligibility requirements under the state plan, consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

A. Citizens, Nationals and Eligible Non-Citizens

The state provides Medicaid eligibility to otherwise eligible individuals:

1. Who are citizens or nationals of the United States; or
2. Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641) or who are non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility, subject to the requirements at 8 U.S.C. §1612(b)(2), and are not restricted by section 403 of PRWORA (8 U.S.C. §1613); or who are non-citizens whose eligibility is required by 8 U.S.C. 1612(b)(2)(E) and (F); and
3. Who have declared themselves to be citizens or nationals of the United States, or non-citizens having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for non-citizens if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

- Yes
- No

b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

- i. The date of the application containing the declaration of citizenship or immigration status.
- ii. The first day of the month of application.

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00020 | WA-21-0022

Package Header

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	User-Entered		

B. Optional Coverage of Qualified Non-Citizens

The state provides Medicaid coverage to all otherwise-eligible Qualified Non-Citizens whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. §1613).

- Yes
- No

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

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	User-Entered		

C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to otherwise eligible individuals, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

Yes

No

1. Pregnant women

2. Individuals under a specified age:

a. Individuals under age 21

b. Individuals under age 20

c. Individuals under age 19

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

4. An individual is considered to be lawfully present in the United States if he or she is:

- a. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
- b. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
- c. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C.1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
- d. A non-citizen who belongs to one of the following classes:
 - i. Granted temporary resident status in accordance with 8 U.S.C.1160 or 1255a, respectively;
 - ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - iii. Granted employment authorization under 8 CFR 274a.12(c);
 - iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - vi. Granted Deferred Action status;
 - vii. Granted an administrative stay of removal under 8 CFR 241;
 - viii. Beneficiary of approved visa petition who has a pending application for adjustment of status;
- e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231,or under the Convention Against Torture who:
 - i. Has been granted employment authorization; or
 - ii. Is under the age of 14 and has had an application pending for at least 180 days;
- f. Has been granted withholding of removal under the Convention Against Torture;
- g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(I);
- h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
- i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).
- j. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.
- k. Other

Description:

- Individuals granted an administrative stay of removal under 8 CFR 241, described under C.4.d.vii., above, are not considered to be lawfully present;
- Individuals granted employment authorization under 8 CFR 274a.12(c)(35) and (c)(36), described under paragraph C.4.d.iii, are not considered to be lawfully present unless they have an immigration status considered lawfully present under paragraph 4.a. through i.

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00020 | WA-21-0022

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D. Emergency Coverage

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the Social Security Act and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

1. Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613(a)
2. Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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